

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: 1617  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: TRANSDERMAL ADMINISTRATION OF  
MENT  
Attorney Docket Number:: CBR 3.0-017 CONT  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 21  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Alfred  
Middle Name:: J.  
Family Name:: Moo-Young  
City of Residence:: Hastings-on-Hudson  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: 29 Cedar Street  
City of mailing address:: Hastings-on-Hudson

State or Province of mailing address:: NY  
Postal or Zip Code of mailing address:: 10706

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Yun-Yen  
Family Name:: Tsong  
City of Residence:: North Caldwell  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 33 Evergreen Drive  
City of mailing address:: North Caldwell  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07006

#### **Correspondence Information**

Correspondence Customer Number:: 000530

#### **Representative Information**

Representative Customer Number:: 000530

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/154,287	09/16/98
09/154,287	An application claiming the benefit under 35 USC 119(e)	60/059,301	09/17/97

#### **Assignee Information**

Assignee name:: The Population Council, Inc.  
Street of mailing address:: One Dag Hammarskjold Plaza

**City of mailing address::** New York

**State or Province of mailing address::** NY

**Postal or Zip Code of mailing address::** 10017